

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of _____
Town of _____
or Globe
City of _____

State Index No. 153
County Registrar No. _____
Local Registrar No. 134

2. Full name of child Ivan Locklin Warren
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. _____ St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 1 4. Twin, triplet or other. 1 5. Legitimate? yes 6. Date of birth June 15, 1927
Month day year

8. FATHER
Full name William Lifford Warren
9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

10. Color or race white 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Globe, Arizona
(State or country)

13. Occupation miner
Nature of industry

14. MOTHER
Full maiden name Susie Murray
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

16. Color or race white 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Robert Lee, Texas
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:20 a.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from supplemental report _____
Signature T. C. Harper, M.D.
(Physician certificate)
Address Globe, Arizona

Month, day, year. June 15, 1927
Filed 6-30 1927 Local Registrar. W. G. Foster
County Registrar.
Registrar. 965-1615-248